

Integrated Work Management – Interim Process

Los Alamos National Laboratory

Effective Date: November 3, 2003

Mandatory Document

INTEGRATED WORK DOCUMENT (IWD)

PART A

Work Document #: (HCP, WO, etc.) <input type="text"/>		Activity/Task Title: <input type="text"/>		
FMU: <input type="text"/>	TA: <input type="text"/>	Building: <input type="text"/>	Room: <input type="text"/>	Expiration Date: <input type="text"/>
Activity/Task Description: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				
PREPARATION				
The signature(s) below signifies that Part B work steps/tasks, hazards and controls are of sufficient detail to safely perform the work.				
Preparer (Signature / Z # / Date) Required		SME (Signature / Z # / Date / Area of Expertise)		
SME (Signature / Z # / Date / Area of Expertise)		SME (Signature / Z # / Date / Area of Expertise)		
SME (Signature / Z # / Date / Area of Expertise)		FM POC (Signature / Z # / Date)		
VALIDATION				
The signature(s) below signifies that a pre-start validation of the IWD has been completed utilizing an activity walk-down, and confirms the following: <ol style="list-style-type: none">1. The necessary Subject Matters Expert(s) (SME) were involved in this process.2. Steps/tasks have been identified in sufficient detail.3. The work can be performed as written.4. I am confident that the hazards have been identified.5. I am comfortable that the controls are sufficient to perform the work safely.				
Worker (Signature / Z # / Date / Area of Expertise) Required		Worker (Signature / Z # / Date / Area of Expertise)		
Worker (Signature / Z # / Date / Area of Expertise)		Worker (Signature / Z # / Date / Area of Expertise)		
FM POC (Signature / Z # / Date)		PIC (Signature / Z # / Date) Required		

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APPROVAL	
The RDL approves the work in his/her facility prior to startup based on confidence that the work will be completed safely, following completion of pre-job briefing and work release.	RDL or Representative (Signature / Z # / Date) Required
Condition or date when RDL re-approval is required.	
PRE-JOB BRIEFING	
By signing below, I agree to the following: <ul style="list-style-type: none">▪ I agree to follow the work steps and implement the controls as written.▪ I agree to stop work when conditions or hazards change or when I encounter unexpected conditions during the execution of work, or when work cannot be performed as written, or instructions become unclear during execution.▪ I am qualified and fit to perform the work. <i>Note: Supplemental signature sheets may be added as necessary.</i>	
Worker (Signature / Z # / Date) Required	Worker (Signature / Z # / Date)
Worker (Signature / Z # / Date)	Worker (Signature / Z # / Date)
Worker (Signature / Z # / Date)	Worker (Signature / Z # / Date)
Worker (Signature / Z # / Date)	Worker (Signature / Z # / Date)
WORK RELEASE	
By signing below, I have verified that the facility conditions are compatible with the work activity.	
FM POC (Signature / Z # / Date)	
By signing below, I have verified the following: <ul style="list-style-type: none">▪ The assigned workers have the authorization and training to perform the work safely▪ The IWD is adequate, and the worksite meets all conditions for startup and release.▪ I have conducted the pre-job briefing, and all workers have been briefed and, as necessary, a pre-job walk-down has been completed.	
PIC (Signature / Z # / Date) Required	

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PRE-JOB BRIEFING, CONTINUATION SHEET

By signing below, I agree to the following:

- I agree to follow the work steps and implement the controls as written.
- I agree to stop work when conditions or hazards change or when I encounter unexpected conditions during the execution of work, or when work cannot be performed as written, or instructions become unclear during execution.
- I am qualified and fit to perform the work.

Worker (Signature / Z # / Date) Required	Worker (Signature / Z # / Date)
Worker (Signature / Z # / Date)	Worker (Signature / Z # / Date)
Worker (Signature / Z # / Date)	Worker (Signature / Z # / Date)
Worker (Signature / Z # / Date)	Worker (Signature / Z # / Date)
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Worker (Signature / Z # / Date)	Worker (Signature / Z # / Date)
Worker (Signature / Z # / Date)	Worker (Signature / Z # / Date)
Worker (Signature / Z # / Date)	Worker (Signature / Z # / Date)

WORK RE-RELEASE

By signing below, I have verified that the facility conditions are compatible with the work activity.

FM POC (Signature / Z # / Date)

By signing below, I have verified the following:

- The assigned workers have the authorization and training to perform the work safely.
- The IWD is adequate, and the worksite meets all conditions for startup and release.
- I have conducted the pre-job briefing, all workers have been briefed and, as necessary, a pre-job walk-down has been completed.

PIC (Signature / Z # / Date) **Required**

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PART B

Work Tasks/Steps Identify sequence of work steps/tasks.	Hazards, Concerns, and Potential Accidents Identify hazards for each task/step. Identify site hazards that could affect workers.	Controls, Preventive Measures, and Boundaries Specify controls for each hazard (e.g., lockout/tagout points, specific PPE, etc.).	Supplemental Documents List permits, operating manuals, and other reference procedures.	Training List training requirements.

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